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ABSTRACT

Many recent studies have investigated the persisting negative impact of childhood and adolescent sexual victimization on later adult psychological functioning and adjustment. This study assessed psychopathology in a clinical sample of 30 women with histories of intra-familial sexual victimization, 22 women with histories of extra-familial sexual victimization, and 30 women with no victimization experiences, using the Diagnostic Inventory of Personality and Symptoms (DIPS.) The study examined whether the relative/non-relative issue was significant to the impact of sexual victimization experiences. All sexually victimized individuals in the sample had scores significantly different from individuals with no sexual victimization histories on the Affective Depressed, Dissociative Disorder, and Neurotic Character Scales. Based on the primary Axis I diagnosis obtained from DIPS, the clinical sample of individuals with incest and sexual abuse histories were indistinguishable pathologically from each other, though distinguishable from those in the sample with no histories of sexual victimization. This finding suggests that the relative/non-relative issue is irrelevant to the impact of sexual victimization experiences. Both pathological family dynamics and similar victimization experiences are in a large part responsible for the similarities found in this sample. (Author/ABL)

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A COMPARISON OF THERAPY OUTPATIENTS WITH INTRA-FAMILY AND EXTRA-FAMILY SEXUAL ABUSE AND PATIENTS WITHOUT SEXUAL ABUSE

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ABSTRACT

The Diagnostic Inventory of Personality and Symptoms (DIPS) was used to assess psychopathology in a clinical sample of 30 women with histories of intra-familial sexual victimization, 22 women with histories of extra-familial sexual victimization, and 30 women with no victimization experiences. The study examines whether the relative/non-relative issue is significant to the impact of sexual victimization experiences. All sexually victimized individuals in the sample (N=52) scored significantly different than individuals in the sample with no sexual victimization histories (N=30) on the Affective Depressed, Dissociative Disorder, and Neurotic Character Scales. Based on the primary Axis I diagnosis obtained from the DIPS, the clinical sample of individuals with incest and sexual abuse histories are indistinguishable pathologically from each other, though distinguishable from those in the sample with no histories of sexual victimization. This finding suggests that the relative/non-relative issue is irrelevant to the impact of sexual victimization experiences. Both similar pathological family dynamics and similar victimization experiences are described to be, in a large part, responsible for the similarities found in this sample.

INTRODUCTION

Many recent studies have investigated the persisting negative impact of childhood and adolescent sexual victimization on later adult psychological functioning and adjustment (Hays, 1985; Ellenson, 1986; Herman, Russell, & Trocki, 1986; Gorcey, Santiago & McCall-Perez, 1986; Gelinas, 1983; Tsai, Feldman-Summers, & Edgar, 1979). These investigations have taken several forms including: 1) descriptive and interpretive reporting of clinical observations (Brooks, 1985; O'Brien, 1987; Ellenson, 1986; Summit & Kryso, 1978; Gelinas, 1983; Sloan & Leichner, 1986), 2) empirical testing of these observations (Scott & Thoner, 1986; Meiselman, 1980; Tsai et al., 1979), 3) comparative research of victim and non-victim samples (Gorcey et al., 1986; Brooks, 1985; Winterstein, 1982; Tsai et al., 1979; Meiselman, 1980; Scott & Thoner, 1986), and clinical and non-clinical samples (Tsai et al., 1979; Herman et al., 1986), and 4) research on differential impact (Tsai et al., 1979; Courtois & Watts, 1982; Sloane & Karpinski, 1942). The literature also addresses both initial (De Francis, 1969; Anderson, Bach, & Griffith, 1981; Adams-Tucker, 1982; Friedrich, Urquiza, & Beilke, 1986; Brooks, 1985) and long term consequences of incest and sexual abuse (Tsai & Wagner, 1978; Courtois, 1979; Browne & Finkelhor, 1986; Herman et al., 1986; Gorcey et al., 1986; Ellenson, 1986; Gelinas, 1983).

The empirical literature is beginning to confirm the negative impact of sexual molestation reported in the clinical literature (Herman et al., 1986; Adams-Tucker, 1982; Scott & Thoner, 1986). However, consistent findings are accumulating more slowly than would be expected given the growing body of research in this area (Browne & Finkelhor, 1986). A major problem noted by some clinicians (LaBarbera, Martin, & Dozier, 1980) as influential in producing these inconsistent findings, is the exclusive focus of much of the research on the sexual component of the abuse, while neglecting the impact of the pathological family dynamics which supported the abusive system (e.g. Herman et al., 1986). One main way in which research has not only perpetuated this neglect, but has also

contributed to the disparate and variable findings on impact, is through their sample selections.

The experiential background of individuals with histories of sexual victimization is not all the same, yet research is being conducted without regards to these differential experiences (Gorcey et al., 1986; Adams-Tucker, 1982; Brooks, 1985; Tsai et al., 1979; Rosenfeld, Nadelson, Krieger, & Backman, 1977.) A major experiential difference for individuals who have been sexually victimized as children and adolescents that may differentially effect later psychological and functional adjustment, is whether the sexual abuse was intra versus extra familial.

A few studies have addressed family characteristics in which the abuse comes from outside the family. For example, Finkelhor (1979, 1984) and Gruber and Jones (1983) reported on familial characteristics that were strongly related to extra-familial child sexual abuse. These included marital conflicts, disruptions of the family unit, poor relations with the mother, and the absences of one or the other parent, with the absence of the mother as a particular risk factor.

Intra-familial sexual abuse, or incest, has a much broader clinically descriptive base. These families are characterized by social isolation, a blurring of generational and role boundaries, and issues of male dominance, female powerlessness, and secrecy. Significant for the impact of incest on the victim are familial issues of betrayal of trust and the character development and relational implications of being exposed to the blurred generational and role boundaries within her pathological family system (Forward & Buck, 1978; Pelletier & Handy, 1986; Stern & Meyer, 1980; Sgroi, 1982; Emslie & Rosenfeld, 1983; Goodwin, Cormier, & Owen, 1983).

The intra-familial impact of betrayal of trust and the pathological family relational dynamics, have not been characteristically related to victims of sexual abuse outside the family. Conversely, consequences of greater fear (Browne & Finkelhor, 1986) and more severe trauma (Brothers, 1982) have been reported as consequences when the perpetrator is a stranger or less well known to the victim. It is unique consequences as

these that may result in a differential impact on later psychological functioning and adjustment in intra versus extra-familial cases of childhood and adolescent sexual victimization. To date, no empirical investigation has tested this potential differential impact in terms of later psychopathology.

While it is recognized that the experience of victimization of any kind results in psychological scars (Titchner, 1970; Forward & Buck, 1978; Brooks, 1985), it remains to be examined whether incestuous experiences results in different impact than do experiences of sexual victimization outside of the family unit. The purpose of this study is to determine whether or not, in a clinical sample of women reporting experiences of childhood or adolescent sexual victimization, distinctions can be found in the psychological functioning and adjustment of individuals with histories of intra versus extra-familial sexual abuse. Two specific hypotheses were tested. First it was hypothesized that the psychological profiles of individuals with histories of incest and those with histories of sexual abuse outside the family would be significantly different from the control members of the sample without experiences of victimization. Secondly, it was hypothesized that the psychological profile produced by the clinical sample of individuals with histories of incest and the profile produced by individuals with histories of sexual abuse outside the family would indicate some similarities and some differences. Exposing clinical patterns of psychological functioning and adjustment in individuals with and without childhood or adolescent experiences of intra or extra-familial sexual victimization has implications for understanding, treatment, and research.

METHOD

Subjects

Demographics and background information about the sample are shown in table 1. The participants in this study with histories of sexual victimization were recruited from mental health agencies, incest survivors groups, and private therapists in the Houston area. A few participants were also obtained from private therapist's in other states who responded to an add in a newsletter which requested assistance in recruiting volunteers. The non-sexually

victimized participants were clients currently in therapy with private therapists in the Houston area and who were screened for experiences of sexual victimization. The resulting clinical sample was composed of 30 women reporting experiences of childhood or adolescent incest (N = 30), 22 women reporting experiences of extrafamilial childhood or adolescent sexual abuse (N = 22), and 30 women who had no histories of victimization (N = 30). The individuals reporting experiences of incest or extra-familial sexual abuse were asked to participate only if their experiences of sexual victimization had some relationship to their current work in treatment. For their participation, those volunteers who requested, could receive the results of this study.

Insert Table 1 about here

Definitions

Incest or Experiences of Intra-Familial Sexual Abuse

For the purpose of this investigation, subjects with earlier histories of incest (also referred to in the text as individuals with experiences of intra-familial sexual abuse) were chosen on the basis of the psychosocial definition of incest developed by Sgroi, Blick, and Porter (1982). This definition of incest includes any form of sexual activity performed between a child and a parent or step-parent, extended family member or surrogate parent (common-law spouse, foster parent). The crucial psychosocial dynamic in this definition is the exploitation of a child's dependency needs by persons in kinship roles.

Sexual Abuse or Experiences of Extra-Familial Sexual Abuse

Subjects with earlier experiences of sexual abuse (also referred to in the text as individuals with experiences of extra-familial sexual abuse) were not in kinship roles with their perpetrators. The sexual abuse was defined as any form of sexual activity performed between the child and the non-kin adult.

Sexual Victimization

In part of the analysis, participants with experiences of both intra- and extra-familial sexual abuse are compared to the clinical control group with no experiences of sexual abuse. When participants with experiences of intra and extra familial sexual abuse are combined for this purpose, they are referred to as members of the sample with histories of sexual victimization.

Materials

The participants with histories of sexual victimization provided background information about themselves and their experiences of abuse. Data were gathered on the following variables: present age, occupation, highest degree attained, length of time in therapy, relatedness to perpetrator, age(s), duration, and frequency of sexual victimization, type of sexually abusive acts, and whether they told anyone about the abuse, and if they did, whether the response was positive or negative. Data obtained for the control group reporting no experiences of victimization included their present age, occupation, highest degree attained, length of time in therapy, and whether or not they were ever sexually victimized (Table 1).

All participants also completed the Diagnostic Inventory of Personality and Symptoms (DIPS) (Vincent, 1985). This is a brief (171 item) test of psychopathology. It consists of a 4 item validity scale, 11 scales which correspond to Axis I Diagnostic Categories of the DSM-III (APA, 1980), and 3 Character Disorder Scales corresponding to a collapsed version of the Axis II Diagnosis of the DSM-III (Vincent, 1987a).

Validity for the DIPS scale was established through content, criterion, and construct validity procedures. Content validity was insured as the scale was made from the description and criterion sections for the various disorders of the Diagnostic and Statistical Manual of Mental Disorders III (DSM III) (American Psychological Association, 1980). Criterion validity was established from comparisons of mean profiles of normal subjects, private patients, and Veteran's Administration patients. These comparisons indicated that

the scale was able to differentiate normality from abnormality. Principal component factor analysis was used to examine the construct validity of the DIPS. The 3 factors resulting from the rotation accounted for 70% of the total item variance, which is indicative of an internally consistent instrument. Test-retest reliability for the DIPS scale was .78 indicating that it is able to measure consistently and accurately under varying conditions (Vincent, 1985).

Research on the DIPS scales has found that it differentiates among the major DSM-III categories (Williams et al., 1988). Furthermore, the DIPS "hit rate" for their sample (using code type analysis) was 75%. This compares to a diagnostic category hit rate of correct classification for the MMPI of 79% (Vincent et al., 1983). Thus the DIPS appears to be working as well as the MMPI and has the advantage of brevity. In addition, a system using scales based on Bayesian probability, resulted in correct classification of specific primary diagnosis in a private patient setting of 70% (Vincent and Duthie, 1986).

The rationale for using the DIPS was based on it containing standardized measures of distinctive clinical symptoms found in individuals with earlier experiences of sexual victimization. For example, Herman, Russell, and Trocki describe that the "clinical descriptions of adult patients with a history of childhood sexual abuse are consistent with a formulation of posttraumatic stress disorder that has become chronic and integrated into the victim's personality structure" (p. 1293). Many of the common clinical symptoms reported are a consequence of the partial or complete repression of memories about the trauma, unbidden thoughts or reminiscences about the experience, or attempts to avoid their intrusion. According to Herman et al. (1986), the resulting personality is described to be fearful and hypervigilant and the trauma may be reenacted in nightmares, flashbacks, and dissociative states. Despite the significance of dissociation to the clinical symptoms found in many individuals with histories of sexual victimization (Herman et al., 1986; Maltz & Holman, 1987; O'Brien, 1987), it has received relatively little empircal attention. This is because, to date, the DIPS is the only standardized instrument available that contains a measure of dissociation. Another reason is that the MMPI has been the most

popular instrument to assess psychopathology in individuals with incest histories. However, the MMPI does not directly tap dissociation. The closest measure of dissociation contained in the MMPI is a 3-8 (hysteria-schizophrenic) profile, but dissociation is only found in 9.5% of the individuals who produce this profile.

Design

Psychopathology was examined by "2 Point Code Types" (Vincent and Duthie, 1986; Duthie and Vincent , 1986) obtained by the sample on the DIPS Scale. These 2 Point Code Types represent the two scales (in excess of a T-Score of 70) from DIPS Scales 1-11, on which the sample scored the highest. The 2 Point Code Types also correspond to DSM-III Axis I Diagnosis (APA, 1980). A second scale and/or scale combination from DIPS scales 12-14 (on which the sample scored in excess of a T-Score of 70) was also selected for analysis. These scales correspond to the Axis II Personality Disorder of the DSM-III.

Subsequently, linear model analysis (multiple regression) was used to examine whether or not experiences of intra versus extra-familial sexual victimization resulted in differential impact on later psychological symptoms. As the sample was being compared on psychopathology as it related to just one aspect of their experiences of sexual abuse--whether it was intra or extra-familial, background experiences that might also have an effect on psychological adjustment, were controlled for in the model. In this way it was possible to examine the relationship of experiences of intra versus extra-familial sexual victimization on psychological adjustment while partialling out the variance in the sample on background experiences that otherwise might moderate the examination of this relationship. Background experiences considered included the age at onset of sexual victimization, the duration of the victimization, and the amount of therapy received by the individual. A fourth variable, the degree of sexual violation was collapsed into the following three category typology defined by Russell (1983): (1) Least Serious Sexual Abuse, including experiences ranging from kissing, intentional sexual touching of the buttocks, thigh, leg or other body part, including contact with clothed breasts or genitals,

whether by force or not; (2) Serious Sexual Abuse, including experiences ranging from forced digital penetration of the vagina to nonforceful breast contact or simulated intercourse; and (3) Very Serious Sexual Abuse, including experiences ranging from intercourse, oral-genital contact, to anal intercourse, whether by force or not. Thus, in an attempt to create homogeneous groups in terms of the sexual component of their abusive experiences, the 4 background variables, on which there was significant subject variability, were partialled out of the comparison. Group frequency distributions on these variables are shown in Table 1. The sample members with experiences of incest and those with experiences of sexual abuse outside the family were homogeneous in terms of the amount of therapy they had received and in terms of the severity of the sexual violation they had experienced. Therefore, it was not necessary to control for these factors in the regression model. The resulting model was:

Psychopathology = Intra-/Extra-familial Sexual Abuse +

Age of Abuse Onset + Duration of Abuse

Since the DIPS scales were known to be correlated, separate analyses were performed on each high point code and subsequently examined, applying the Bonferroni-inequality, at the 0.0125 level of significance. The analysis was tested with partial sums of squares which gave the correlation between the criterion and each of the predictors as if each were entered last in the model. In this way, it was possible to compare psychopathology in sample members with experiences of intra- versus extra-familial sexual victimization with the variance associated with background factors partialled out of the comparison.

Subsequently, individuals with no histories of sexual victimization were included in the analysis to assess whether sexual victimization itself was a differentiating factor in terms of psychopathology. The Dunnett Method, using planned pairwise contrasts, was then applied to compare each of the means of individuals in the sample with incest histories, and those with sexual abuse histories, with the mean of individuals in the sample with no history of sexual victimization.

Procedure

The 52 Participants with earlier experiences of incest or sexual abuse were recruited through mental health agencies and therapists in the Houston, Texas and its vicinity. These agencies and therapists were contacted and sent letters describing the research and requesting assistance in recruiting volunteers. Those who agreed to help were sent questionnaire instruments. A few participants were also obtained from private therapists in other states who responded to an add in a newsletter which requested assistance in recruiting volunteers. Questionnaires were subsequently provided to clients and group members who agreed to participate and whose current work in treatment was related to earlier experiences of sexual victimization.

The 30 members of the sample with no histories of sexual victimization were also recruited from private therapists in the Houston area. These female participants were similar in age, and similar in educational and occupational levels to the participants with histories of sexual victimization. The therapists were provided with questionnaire instruments to be distributed to their clients who agreed to participate.

The questionnaire instrument was accompanied by a cover letter explaining the research project, about the researcher, and their rights as subjects. The participants were requested to complete the questionnaire in their homes and to return it sealed in the envelope provided, within the following week or two. These were subsequently mailed to, or picked up by the researcher.

The items on the DIPS Scale were tallied by hand utilizing the scoring sheet designed for the instrument. The DIPS contains a validity scale and the resulting profiles were screened for validity. All participants produced valid profiles.

RESULTS

Mean psychological profiles of individuals in the sample with experiences of incest, extra-familial sexual victimization, and those with no experiences of sexual victimization are shown in figure 1. The sample was compared by mean high point codes representing the primary Axis I diagnosis for the groups (Vincent and Duthie, 1986; Duthie and

Vincent, 1986). As seen in the figure, this corresponded to an identical 5-9 code type (Affective Depressed (AD) - Dissociative Disorders (DD) Scales) for those in the sample with histories of sexual victimization. This profile is indicative of persons reporting marked feelings of dysphoria and a significant loss of interest or pleasure. These individuals are likely having very significant depression accompanied by a very significant amount of dissociative phenomena. Feelings of unreality are present and depersonalization is likely. In addition, problems with identity are indicated (Vincent, 1987b). On the other hand, sample members with no experiences of sexual abuse produced a normal profile.

Insert Figure 1 about here

The samples' highest code type, or combination code type from their profiles on the Character Disorder Scales (Scales 12, 13, and 14) produced the second set of scales of comparative interest for this study. As seen in the character profile shown in figure 1, members of the sample with experiences of incest obtained a NC (Neurotic Character) code type. Significant elevations on the Neurotic Character Scale correspond to the anxious or fearful cluster of the DSM-III personality disorders such as avoidant, dependent, compulsive, and passive-aggressive disorders (Vincent, 1987a). Such individuals are described by Vincent (1987b) to be overconsciencious, sensative, passive, and rigid. Persons of this profile type are also described to be often negative towards themselves and chronically anxious. Those with experiences of extra-familial sexual victimization produced a WN (Withdrawn-Neurotic) code type combination. The simultaneous elevations on these scales indicate a combination of oversensitivity and social withdrawal with anxiety and passivity that is most apt to be seen in individuals with an avoidant personality (Vincent, 1987b). Finally, all 3 character scales were within normal limits (below a T score of 70) for the nonvictimized members of the sample indicating that a full

symptom cluster of a personality disorder was unlikely to be present in these non-victimized individuals.

Subsequently, multiple regression analyses was used to compare psychopathology in sample members with incest histories versus sample members with histories of sexual abuse outside the family. The age at onset of the abuse and the duration of the abuse were included in the models for control as the sample members with intra versus extra-familial sexual abuse were significantly different on these background variables ($r = 0.424$, $p = 0.0017$ and $r = -0.338$, $p = 0.0141$ respectively). On the other hand, sample members with intra versus extra-familial sexual abuse had received, on average, the same amount of therapy and had experienced similar severities of sexual violation ($r = -0.166$, $p = 0.239$; $r = 0.241$, $p = 0.086$ respectively). Thus there was no need to control for these factors in the linear model.

Results of the assessment of psychopathology in members of the sample with experience of intra versus extra-familial sexual abuse, while partialling out the variance in the sample associated with the age of onset of the sexual abuse and the duration of the abuse, indicated a significant difference in the sample on only one of the 4 DIPS scales, the Withdrawn Character Scale ($F = 7.38$, $p = 0.009$). Members of the sample with histories of extra-familial sexual abuse reported experiencing significantly more symptoms related to the Withdrawn Personality Disorder than sample members with histories of intra-familial sexual abuse.

As members of the sample with histories of intra versus extra-familial sexual abuse did not differ significantly on the 3 other scales examined, it became of interest to see whether sexual victimization itself was a differentiating factor in terms of psychopathology. Thus, linear model analysis (multiple regression), tested with partial sums of squares, was used to compare all sample members with experiences of sexual victimization ($N = 52$) versus the nonvictimized sample members ($N = 30$) on the Affective Depressed, Dissociative Disorder, and Neurotic Character Scales. These sample members had received significantly different amounts of therapy ($r = 0.350$, $p = 0.001$). Therefore,

the amount of therapy was introduced into the linear model and psychopathology was compared in the clinical sample of individuals with histories of sexual victimization versus those with no experiences of sexual victimization with the variance in the sample associated with the amount of therapy partialled out of the comparison.

The results indicated significant differences in the sample on all 3 scales (AD, B = -6.92, p = 0.00001; DD, B = -3.63, p = 0.00001; NC, B = -5.23, p = 0.00001). On all 3 scales, significantly greater pathology was found in the sample members with earlier experiences of sexual victimization.

It was necessary to separate the sample in terms of familial and non-familial sexual abuse origins in order to assess whether sexual victimization was a differentiating factor on the Withdrawn Character Scale. This was necessary as individuals in the sample with histories of extra-familial sexual abuse were significantly different from individuals with histories of intra-familial sexual abuse on this scale. Thus, the Dunnett Method, using planned pairwise contrasts, was selected to compare each of the means of the incest and sexual abuse members of the sample with the mean of the nonsexually victimized control members of the sample. There were no significant differences between individuals with histories of incest and those with histories of victimization on the Withdrawn Character Scale ($t = 0.956$ which is < 2.27, the critical t value using Dunnett's method for .95t80,3). However, members of the sample with sexual victimization histories were significantly more withdrawn than the control members in the sample with no histories of sexual victimization ($t = 2.284$ which is > 2.27, the critical t value for .95t80,3).

Discussion

In this study it was suggested that there may be some critical differences in emotional and psychological adjustment in adults who were sexually abused as children depending on whether or not the abuse happened within or outside the family. Betrayal, secrecy, power and dominance, and blurred role boundaries were some of the major family issues described to be significant to the later psychological impact of incest. It was suggested that the psychological defenses and coping strategies required to survive in this family system

might be different than those required of a child similarly sexually victimized but for whom such continuing family dynamics are not involved. The dissimilarity of experiences were suggested to differentially impact later adult psychological adjustment. Whereas the sexual victimization itself might produce a similar impact on certain psychological symptoms, the adult personality structure of the individual abused by a stranger may be marked by having to also defend against intense fear aroused during the abusive incidence(s). On the other hand, the adult personality structure of the individual with experiences of incest might, in addition to being traumatized by the sexual violation, suffer emotional impairment as a consequence of prolonged exposure to the disturbed family dynamics which gave rise to the incest.

It was therefore hypothesized that some similarities and some differences would be found on a measure of psychopathology in individuals who were sexually victimized within the family as opposed to those whose victimization experiences occurred outside the family. It was further hypothesized that significant differences would be found in psychological adjustment between clinical samples reporting childhood or adolescent experiences of sexual victimization and clinical samples who did not have experiences of sexual victimization.

Both these hypotheses were, for the most part, supported. The one exception was the scores on the Withdrawn Character Scale produced by the members of the sample who experienced sexual abuse outside the family. These scores were significantly greater for individuals who were sexually abused outside the family than they were for the incest or control members of the sample. An interpretation offered for this result is that it may reflect a generalized withdrawal response to the arousal of extreme fear, particularly if a stranger was the perpetrator in the sexual victimization. On the other hand, the sample may have been differentiated by this scale because a very conservative test was used, thus increasing the probability of a type II error.

It was expected that the victimized members of the sample would be significantly different on their levels of pathology than the control members. However, it was not

expected that the incest and sexual abuse members would score as similarly as they did. It is these similarities that warrant discussion because the results suggest that whether or not the sexual victimization occurred within or outside the family, makes no difference in terms of its later impact on psychological adjustment.

Two interpretations will be offered for these results. The first is that the relative/non-relative issue is irrelevant to the impact of sexual victimization experiences because it is the sexual component of the abusive experience that is solely responsible for the resulting psychopathology. This interpretation implies that later psychological adjustment is affected by such circumstances surrounding the sexual victimization as the types and severity of the sexual acts experienced, whether or not force or violence was involved, the age of onset of the abuse, its frequency, and its duration. Thus, the individuals in this study scored similarly on the measures of psychopathology because either they were not significantly differentiated on these factors (see Table 1 for frequency distributions in this sample of some of these factors), or because, if they were, the factor was partialled out of the analysis.

A second explanation for the findings that, in this sample, it did not seem to matter in terms of resulting psychopathology, whether or not the victim was sexually abused within or outside the family, challenges 2 basic assumptions in this paper regarding the unique aspects of incestuous abuse. The 2 factors most frequently reported in the literature as most significant and distinguishing to the impact of incest (as opposed to that of sexual abuse outside the family) are 1) issues of betrayal, and 2) the character development and relational implications of being exposed to the blurred role boundaries within a pathological family system.

What has not been considered is that issues of betrayal and family pathology, may not be unique to incestuous circumstances. While it is beyond the scope of this discussion to offer all possible circumstances of sexual abuse outside the family in which these issues also operate, a few examples may provide a framework for viewing how these dynamics can be fairly common even when the perpetrator is not a family member. For example,

sexual abuse by a trusted neighbor, may involve even more feelings of betrayal than abuse by a distant uncle or grandfather. How closely related the victim is to the offender then, does not necessarily reflect how much betrayal is involved in the abuse (Browne & Finkelhor, 1986). Betrayal can be a major issue relevant to the later emotional adjustment for both victims of incest and sexual abuse.

Another common experience for the child victim in an incestuous family is betrayal by the mothers who failed to provide protection. There are also situations in which the victim of sexual abuse outside the family may experience maternal betrayal. For example, a child who discloses the abuse and who does not receive a supportive response from the mother, experiences betrayal (See Table 1 for the prevalence of supportive responses to disclosure.)

An example that suggests that blurred roles may also be common to the experience of the individual sexually victimized outside the family comes from research by Finkelhor (1984). He found that sexual abuse of children occurred significantly more frequently if they came from broken homes. Many of the cases of extra-familial sexual abuse reported, were instances in which the daughter was sexually exploited by the mother's dating partner(s). The extent to which divided loyalties interfere with the mother's actions on behalf of the best interest of her daughter in such cases, reflects the extent that trust is betrayed. Furthermore, to the extent again that divided loyalties between a mother's boyfriend and her daughter are an issue at all, reflects the degree to which the generational boundaries between mother and daughter have been broken over the years. This mother, as in the case of incestuous families, conflicted about whom to protect, has abdicated her parental protective and nurturing role with her daughter, forcing a break in generational boundaries. These are just a few examples of how betrayed and blurred role boundaries may also be experienced by the victim who is sexually abused by a non-family member. Whether or not the two groups studied here scored so similarly because of similar background factors, or because of similar family pathology, or for some other reason specific to the sample, can only be answered at this point by conjecture.

Limitations

Certain limitations of this study should be acknowledged. It cannot be said with certainty that the levels of adjustment found in this sample of individuals with sexual victimization histories were caused by their earlier sexual traumas. It is possible that the women in the victimized sample were maladjusted for reasons completely unrelated to their molestation experiences. Furthermore, women who volunteer might not be representative of sexually victimized women in general. The data was obtained through self-report. This fashion of data collection is always subject to conscious distortions and/or memory deficit. Moreover, the defensive structure of the respondent may invalidate or distort self-evaluative data. Nevertheless, it is also important what an individual believes they remember happened. Even if distorted and flawed, these self-perceptions are an important determinant of current psychological adjustment. Finally, it is important to recognize that the findings of the present study come from individuals who were in treatment and have been on average for 3.8 years. Therefore, the sample may not be representative of unidentified cases, nor other adults who experienced incest or sexual abuse outside the family who do not feel distressed enough to seek treatment, nor the most distressed cases at initial interview. On the other hand, that psychopathology remained evident in this sample, despite several years of treatment, might indicate that a core disturbance related to many sexually victimized individuals, has been tapped. This has been noted clinically by Ellenson (1986) who describes that "certain intrapsychic symptoms of survivors are identical, regardless of the kinship of an initiator" (pp.150).

Completely definitive conclusions regarding what really "caused" the psychopathology evident in many individuals with earlier experiences of sexual victimization, cannot be drawn from a single study. Furthermore, ex post facto research, in which that which is being measured has already occurred, can never result in cause and effect interpretations. Not only is there no control over all the factors from youth to adulthood that may have influenced later psychological adjustment, but it is also extremely difficult to control for

all the extraneous variance associated with being human. We do not perceive experiences nor respond uniformly to any condition.

However, the purpose of this investigation was not to understand the causes of psychological adjustment in individuals with experiences of sexual victimization, but to validate a sample. Could individuals with intra and extra-familial sexual abuse histories be considered as having been derived from one population when investigating the impact of sexual victimization? Or does the most prominent difference in the sample, the relative-non-relative issue, prohibit the simultaneous inclusion of individuals with incest and those with histories of sexual abuse outside the family, in the same study? The results of this study suggest that (for the most part, particularly regarding their primary axis I diagnosis) the members of this sample could be considered as coming from one population. The similar long term impact of experiences of intra and extra-familial sexual victimization may be due to the fact that the sexual component of the abuse is most relevant to later impact. Alternatively, it might be due to the emotional impairment brought about through the dynamics of dysfunctional families. It is beyond the scope of the present study to decide between these options.

Conclusion

While this study can offer no definitive conclusions, it is believed that psychopathology evident in cases of incest and sexual abuse outside the family, is not a simple effect of the circumstances of sexual victimization, but is also a consequence of dysfunctional families and the emotional impairment to which these families gave rise. While the family dysfunction is less blatant in cases of sexual abuse outside the family, indirect evidence of familial pathology is the occurrence itself of the sexual abuse. This is because dysfunctional families produce nesting grounds for emotional neediness in children. It is this emotional neediness that undermines the childrens' ability to resist the ploys of a potential abuser, such as the offers of attention, affection, or bribes (Finkelhor, 1984). Thus, these children are set up by their own emotional insecurity and neediness to be sexually abused (Forward & Buck). This emotional impairment cannot be neglected as

having a major impact on character development and on later psychopathology for individuals with earlier experiences of both intra and extra-familial sexual abuse. It is suggested in conclusion, that similar pathological family dynamics and similar victimization experiences, were in a large part responsible for the similarities found in this sample.

In addition to replicating this study, future studies might include another population with expected pathological deviancy in the analysis. It would be important to examine how unique a 5-9 DIPS profile is to individual with histories of sexual victimization.

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Table 1
Characteristics of Clinical Samples of Women with Histories of Intra-Familial and Extra-Familial Sexual Abuse and a Clinical Control Group

Characteristic	Intra-Familial (N = 30)		Extra-Familial (N = 22)		Control (N = 30)	
	N	%	N	%	N	%
PRESENT AGE						
18-25	4	13	5	23	8	27
26-33	13	43	7	32	10	33
34-41	8	27	6	27	8	27
42-48	5	17	4	18	4	13
EDUCATION						
Less than high school	2	7	0	0	0	0
High school	6	20	5	23	4	13
Some college or technical school	11	37	8	36	11	37
Bachelors degree	6	20	4	18	6	20
Some graduate work	2	7	0	0	5	17
Masters degree	1	3	5	23	3	10
Ph.D. degree	2	7	0	0	1	3
AMOUNT OF THERAPY						
3 mo. - 6 mo.	5	17	0	0	5	17
7 mo. -11 mo.	1	3	3	14	4	13
1 yr. - 2 yr.	3	10	10	46	11	37
2.5yr.- 5 yr.	8	27	6	27	8	27
6 yr. -10 yr.	11	37	1	5	2	7
11yr. -15 yr.	1	3	1	5		
16yr. -20 yr.	1	3	1	5		
AGE OF ABUSE ONSET						
0 - 3	10	33	0	0		
4 - 7	12	40	13	59		
8 - 11	7	23	2	9		
12- 15	1	3	4	18		
16- 17	0	0	3	14		
DURATION						
Once	0	0	3	14		
3 mo. - 11 mo.	1	3	2	9		
1 yr. - 2 yr.	7	23	4	18		
3 yr. - 5 yr.	5	17	7	32		
6 yr. - 10 yr.	8	27	5	23		
11yr. - 15 yr.	5	17	1	5		
16yr. - 20 yr.	2	7	0	0		
21yr. - 28 yr.	2	7	0	0		

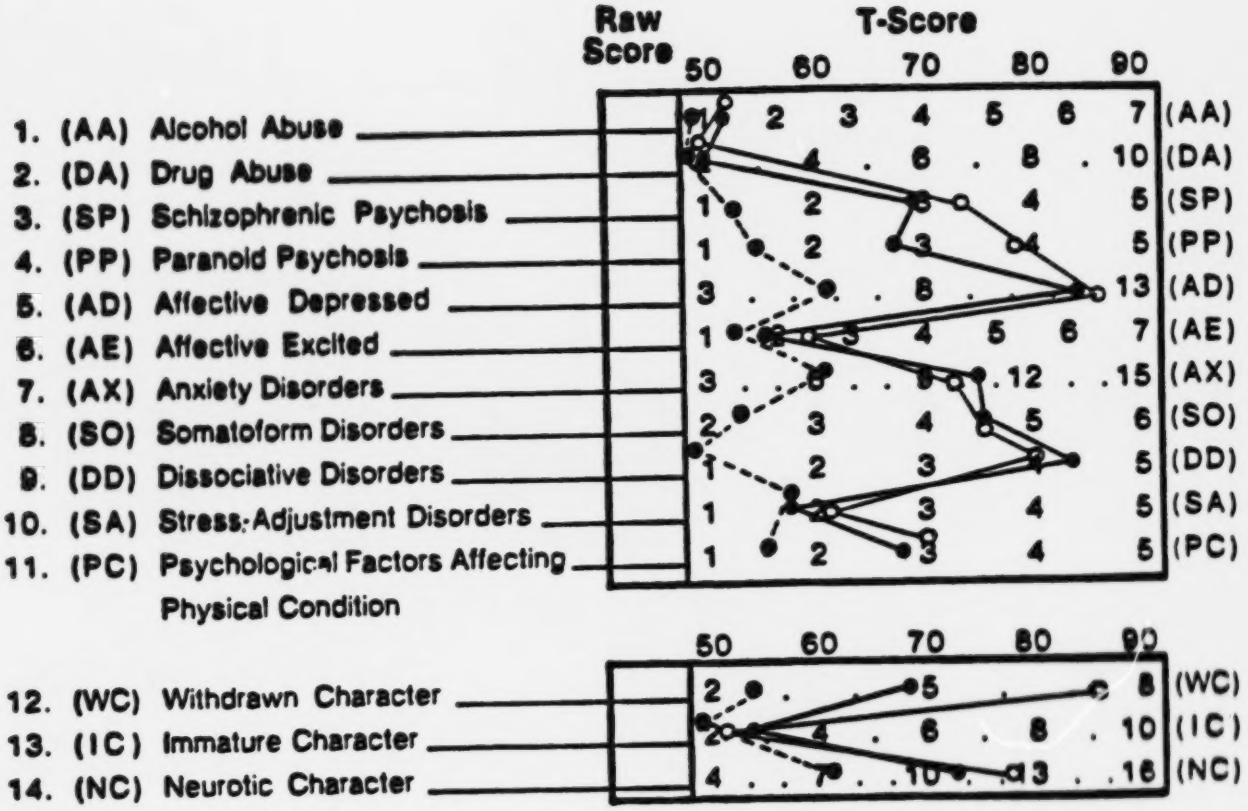
TABLE 1 (continued)

	N	%	N	%
DEGREE OF VIOLATION				
1	2	7	0	0
2	11	37	5	23
3	17	57	17	77
INVOLVEMENT OF VIOLENCE AND FORCE				
Father	3	16		
Brother	6	75		
PERPETRATOR (in most cases, data represents multiple abusers)				
Father	15	50		
Step father	5	17		
Brother	10	33		
Uncle	7	23		
Grandfather	3	10		
Step Grandfather	2	7		
Cousin	5	17		
Mother	1	3		
Brother in law	1	3		
Rapist			5	23
Brother's friend			1	5
Neighbor			8	36
Friend's father, step father, grandfather			3	14
Hired Hand			2	9
Family Friend			2	9
Baby sitter			1	5
Boyfriend of baby sitter			1	5
Storekeeper			1	5
Man near school			1	5
Older male child			2	5
Stranger			1	5
Caretaker			1	5
Tenant			1	5
TOLD VERSUS SECRET				
Told	10	33	6	27
Secret	20	67	16	73
SUPPORT VS NO SUPPORT				
Told and supported	2	18	2	33
Told and not supported (i.e. blamed, not believed, sent away,	8	80	4	67

ignored and no follow up,
told to keep it a secret)

Figure Caption

Figure 1 Mean DIPS profile for incest, sexual abuse, and non-sexually victimized sample.


Raw Score
T-Score
50 60 70 80 90
1. (AA) Alcohol Abuse
2. (DA) Drug Abuse
3. (SP) Schizophrenic Psychosis
4. (PP) Paranoid Psychosis
5. (AD) Affective Depressed
6. (AE) Affective Excited
7. (AX) Anxiety Disorders
8. (SO) Somatoform Disorders
9. (DD) Dissociative Disorders
10. (SA) Stress-Adjustment Disorders
11. (PC) Psychological Factors Affecting Physical Condition
12. (WC) Withdrawn Character
13. (IC) Immature Character
14. (NC) Neurotic Character
Incest
Sexual Abuse
Non-Victimized